LLC-12

16-468815

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Secretary of State State of California

SEP - 1 2016

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IMPORTANT -- Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - Face Page \$1.00 & .50 for each attachment page;

Certification Fee - \$5.00

1. Limited Liability Company Name

Olive Hill Group, LLC

2. 12-Digit Secretary of State File Number 201612710392 3. State or Place of Organization (only if formed outside of California) Delaware

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 631 S. Olive St., Suite 120	City (no abbreviations) Los Angeles	State CA	Zip Code 90014
b. Mailing Address of LLC, if different than item 4a 631 S. Olive St., Suite 120	City (no abbreviations) Los Angeles	State CA	Zip Code 90014
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 631 S. Olive St., Suite 120	City (no abbreviations) Los Angeles	State CA	Zip Code 90014

5. Manager(s) or Member(s)	If no <i>managers</i> have been appointed or elemust be listed. If the manager/member is an entity, complete Items 5b and 5c (leave Item additional managers/members, enter the na	i individual, complete Items 5a a n 5a blank). Note: The LLC cai	ind 5c (leave Item 5b blank). nnot serve as its own manag	If the manage	r/membe	er is an
a. First Name, if an individual - Do not co Michael	omplete Item 5b	Middle Name	Last Name Cho			Suffix
b. Entity Name - Do not complete Item 5	а			**		
c. Address 631 S. Olive St., Suite 12	0	City (no abbreviations) Los Angeles		State CA	Zip Code 90014	
6. Agent for Service of Process	Item 6a and 6b: If the agent is an individua agent's name and California address. Item certificate must be on file with the California	6c: If the agent is a California R	egistered Corporate Agent,	a current agei	nt registra	
a. California Agent's First Name (if agen	t is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corp	oration) - Do not list a P.O. Box	City (no abbreviations)		State CA	Zip Co	de
c. California Registered Corporate Ager California Corporate Ager	t's Name (if agent is a corporation) – Do not comp nts, kInc. / 30 35 39 9	olete item 6a or 6b			•	
7. Type of Business						
a. Describe the type of business or serv Real Estate	ces of the Limited Liability Company					

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name			Suffix
b. Address	City (no abbreviations)		State	Zip Code	

	9.	The Information	contained herein.	including an	y attachments.	is true and correct
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8/24/2016

Tim Lee

Type or Print Name of Person Completing the Form

Vice President

Title

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Date

Tim Lee

Company:

Olive Hill Management

Address:

631 S. Olive St., Suite 120

City/State/Zip:

| Los Angeles, CA 90014